Crawfordsville Community School Corporation

3 West Athenian Dr., Crawfordsville, IN 47933 Phone: 765-362-2342 Fax: 765-364-3237

Application for Transfer of Nonresident Student

As per state law, under no circumstances will a transfer student be accepted for athletic purposes. The transfer application must be received at the Administration Office.

The transfer form is only step 1. In August, you will need to go to your child's individual school to enroll them. Please contact your child's school to find out what dates are available for you to visit the school and enroll your child(ren). Parents/guardians agree to provide out-of-district transportation, and in-district transportation may or may not be provided to transfer students.

Date _____

Student #1_____ Grade (fall)_____ DOB_____
First & Last Name
Returning Student ☐ **YES** ☐ **NO** (select one)

Student #2_____ Grade (fall)_____ DOB_____
First & Last Name
Returning Student ☐ **YES** ☐ **NO** (select one)

Student #3_____ Grade (fall)_____ DOB_____
First & Last Name
Returning Student ☐ **YES** ☐ **NO** (select one)

Student #4_____ Grade (fall)_____ DOB_____
First & Last Name
Returning Student ☐ **YES** ☐ **NO** (select one)

School district of legal residency_____

Parent/Guardian Name_____

Address _____

City _____ Zip _____

Home phone_____ Cell phone _____

E-mail _____
(*please **print clearly**, we will contact you via email with the Superintendent's/Designee's decision*)

Reason for transfer: _____

_____

Attach the Disciplinary records and Attendance records from the previous school if other than Crawfordsville.

For Office Use Only

Date application was received _____ Transfer approved: Yes ____ No ____

_____ Date _____
Superintendent/Designee